

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 86

FILED OCT 9 1963

VS 300
Rev. 4/59

10860

20860

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-York Twp.</u>		c. CITY OR TOWN <u>Rural-York Twp.</u>	
Length of stay in 1b <u>15 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lucerne, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Lucerne, Mo.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cecil Loren Shephard</u>		4. DATE OF DEATH Month Day Year <u>10-3-63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-29-10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Putnam Co. Mo.</u>	
13a. FATHER'S NAME <u>John W. Shephard</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Rash</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of. <u>no</u>		16. SOCIAL SECURITY NO. <u>01</u>	
17. INFORMANT <u>Norma Shepherd-Lucerne, Mo.</u>		14. NAME OF HUSBAND OR WIFE <u>Norma Shepherd</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral laceration</u> DUE TO (c) <u>Trauma sustained in tractor accident.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Tractor tipped over backwards crushing him.</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>4:00</u> <u>P.M.</u>	Month, Day, Year <u>10-3-63</u>		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Unionville Mo.</u>	
21. I attended the deceased from <u>10-3-63</u> to <u>10-3-63</u> and last saw her <u>live</u> on <u>10-3-63</u> Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Shirley Day, D.O.</u>		22b. ADDRESS <u>Unionville Mo.</u>	
22c. DATE SIGNED <u>10-5-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>10-6-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lucerne</u>	23d. LOCATION (City, town, or county) (State) <u>Lucerne, Mo.</u>
24. FUNERAL DIRECTOR <u>F.O. Husted & Son-Unionville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-5-63</u>	
		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

INCOMPLETE

1000
600

5
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4

1000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. L. Thorshee

Licensed Embalmer No. 3304

P. O. Address Unionville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.